

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MAJOR BOYD WHITLEY	COURT CASE NUMBER 1:19CV358
DEFENDANT SHERIFF VAN SHAW, et al.	TYPE OF PROCESS COMPLAINT/SUMMONS/NTC

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SHERIFF VAN SHAW
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CABARRUS COUNTY SHERIFF OFFICE, 30 CORBAN AVE., SE, CONCORD, NC 28025

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
MAJOR BOYD WHITLEY 25499 CABARRUS COUNTY DETENTION PO BOX 790 CONCORD, NC 28026	Number of parties to be served in this case	3
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

RECEIVED

Fold

JUN 21 2019

Signature of Attorney other Originator requesting service on behalf of: John S. Brubaker	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	U.S. Marshals Service, M/NC
	<input type="checkbox"/> DEFENDANT	336-332-6000	6/20/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 051	District to Serve No. 051	Signature of Authorized USMS Deputy or Clerk Teresa Brookshire	Date 6/25/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 7/5/19	Time am pm

Signature of U.S. Marshal or Deputy

Banks

Service Fee 8.00	Total Mileage Charges including endeavors —	Forwarding Fee —	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Certified mail 6/27/19 - delivered 7/1/19

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>J.M.D. Dabbs</i></p> <p>B. Received by (Printed Name) <i>J.M.D. Dabbs</i></p> <p>C. Date of Delivery CONCORD JUL 50, 2019</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Delivery address below:</p> <p>JUL 50, 2019</p> <p>U.S. Marshals Service, M/NC</p>	
<p>1. Article Addressed to:</p> <p>Sheriff Van Shaw Cabarrus County Sheriff Office 30 Corban Ave, SE Concord, NC 28025</p> <p>9590 9401 0166 5234 6391 05</p> <p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 9378 6885</p>		<p>E. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>1:PCV358 Domestic Return Receipt</p>			

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MAJOR BOYD WHITLEY	COURT CASE NUMBER 1:19CV358
DEFENDANT SHERIFF VAN SHAW, et al.	TYPE OF PROCESS COMPLAINT/SUMMONS/NTC

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
L.T. W. WALLACE
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CABARRUS COUNTY SHERIFF OFFICE, 30 CORBAN AVE., SE, CONCORD, NC 28025

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <input type="checkbox"/> MAJOR BOYD WHITLEY 25499 CABARRUS COUNTY DETENTION PO BOX 790 CONCORD, NC 28026	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 3
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):Fold

RECEIVED

Fold

JUN 21 2019

U.S. Marshals Service, M/NC

Signature of Attorney other Originator requesting service on behalf of: <i>Teresa Brookshire</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	336-332-6000	6/20/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 051	District to Serve No. 051	Signature of Authorized USMS Deputy or Clerk <i>Teresa Brookshire</i>	Date 6/25/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 7/5/19	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Teresa Brookshire</i>	

Service Fee 8.00	Total Mileage Charges including endeavors -	Forwarding Fee -	Total Charges 8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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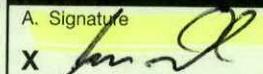
REMARKS:

Certified mail 6/27/19 - delivered 7/1/19

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="text"/> J.W. Wallace CONC</p> <p>C. Date of Delivery <input type="text"/> JUL 01 2019</p> <p>address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>RECEIVED</i> <i>JUL 01 2019</i> <i>U.S. Marshals Service</i></p>	
<p>1. Article Addressed to:</p> <p>Lt. W. Wallace Cabarrus County Sheriff Office 30 Corban Ave, SE Concord, NC 28025</p> <p>9590 9401 0166 5234 6390 82</p> <p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 9378 6878</p>		<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 1:19cv358 Domestic Return Receipt

U.S. Department of Justice
United States Marshals Service

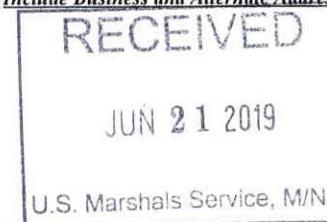
PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MAJOR BOYD WHITLEY	COURT CASE NUMBER 1:19CV358
DEFENDANT SHERIFF VAN SHAW, et al.	TYPE OF PROCESS COMPLAINT/SUMMONS/NTC

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT CAPTAIN M. NESBIT
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 CABARRUS COUNTY SHERIFF OFFICE, 30 CORBAN AVE., SE, CONCORD, NC 28025

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
MAJOR BOYD WHITLEY 25499 CABARRUS COUNTY DETENTION- PO BOX 790 CONCORD, NC 28026	1
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Teresa Brookshire</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	336-332-6000	6/20/19

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 057	District to Serve No. 057	Signature of Authorized USMS Deputy or Clerk <i>Teresa Brookshire</i>	Date 6/25/19
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 7/1/19	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Teresa Brookshire</i>	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

Certified mail 6/27/19 - delivered 7/1/19

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>J.W. Dillon</i> CONCORD NC <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="text" value="J.W. Dillon"/> C. Date of Delivery <input type="text" value="JUL 5 2019"/></p> <p>D. In delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No er delivery address below:</p> <p style="text-align: center;"><i>RECEIVED</i> <i>28U25 JSHY JUL 5 2019</i> <i>U.S. Marshals Service, MN</i></p>	
<p>1. Article Addressed to:</p> <p>Captain M. Nesbit Cabarrus County Sheriff Office 30 Corban Ave, SE Concord, NC 28025</p> <p></p> <p>9590 9401 0166 5234 6390 99</p>		<p>E. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <small>(over \$500)</small></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 9378 6861</p>		<p>1:19cv358</p> <p>Domestic Return Receipt</p>	